

Foster Family Home - Corrective Action Report

Provider ID: 1-140022

Home Name: Fidela L.R. Batoon, CNA

Review ID: 1-140022-7

1016 Laakea Place

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 9/3/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 9/3/19.

Corrective Action Report issued during home inspection with all items due to CTA by 10/3/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No current APS/CAN and eCrim for CG #2, CG #3, and HHM #1. Expired on 4/20/19.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) - No current TB clearance for CG #1, CG #2, and CG #3. Expired on 8/6/19.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire - CG #2 has not lead a fire drill in the last 12 months.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2) - For CG #1, No current auto insurance and not enough coverage for Property Damage. Only has 10,000(needs 30,000).

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Fidela Batoon CCFFH**

CCFFH Address: **1016 Laakea Place Honolulu Hawaii 96818**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8. (a)(1)(2)	I received the current APS/CAN and ecrim from CG#2, CG#3 and HHM #1. I placed them in my CCFFH Binder.	09/15/19	I have written a list of the expiration dates for all items (TB, APS/CAN). and put it in the front of the CCFFH Binder.
41. (b)(7)	I received the current TB clearances from CG#1, CG#2 and CG#3 and place them in the CCHHF Binder.	09/23/19	Written a list and placed it in front of the CCFFH Binder for all the CG's and HHM's.
(3P)(b)(6)	I have scheduled CG#2 to lead a fire drill on November 15, 2019 when she returns to Oahu.	09/15/19	I scheduled a fire drill for all the CGs to conduct the drill at least once a year.
51. (a)(2)	I have placed the current auto insurance with the correct coverage in my CCFFH Binder.	09/15/19	I will keep current auto insurance with the corrected coverage amount for Property Damage in the CCFFH Binder.

Primary Caregiver's Signature: _____

Fidela Batoon

Print Name: Fidela R. Batoon

Date of Signature: 9/25/19